**All program transmittals:**
**March 10 – March 14, 2014**

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<th>Transmittal #</th>
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| DMAP-IM-14-009 | 3/7/14 | **Important information about non-emergent medical transportation (NEMT) integration delay and current protocol for branch staff** - DMAP has extended the time period to July 1, 2014, by which CCOs must integrate non-emergent medical transportation (NEMT). OHA and DHS branches currently handling client reimbursement for medical transportation will continue to do so for medical cases managed in their offices. Please read the attached detailed protocol for handling NEMT before and after a case transfers to branch 5503 from SS and APD/AAA branches. Staff handling cases that are not be transferred to branch 5503, please follow the guidance below:  
  - NEMT clients receiving medical coverage or reimbursement for meals, mileage, and lodging in the following counties will continue to request reimbursement from the local branch until this function is transferred to the CCO: Baker, Clackamas, Crook, Deschutes, Grant, Harney, Jefferson, Marion, Malheur, Multnomah, Polk, Wallowa, Washington, Union, and Yamhill.  
  - NEMT client reimbursement in the remainder of the state is processed through the transportation brokerages; branch staff should not process NEMT client reimbursements  
  - NEMT clients who need transportation for Medicaid covered services will continue to contact a local brokerage to schedule rides, unless they are enrolled in either the Trillium or IHN. Until further notice, refer all clients enrolled in Trillium or IHN to their CCO.  
  - DHS/AAA branches and branch 5503 will continue to approve non-emergent ambulance transportation using the 405T for cases in Clackamas, Multnomah, and Washington County In|
all other counties this approval process is the responsibility of the transportation brokerages.

DMAP will send out client notices prior to July 1, 2014 to inform clients about changes that will impact how they receive NEMT services, as CCOs assume the responsibility for NEMT. OHA and DHS staff will also be notified on a similar time frame.

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<th>SS-PT-14-006</th>
<th>3/10/14</th>
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| **Hospital Presumptive** - Effective January 1, 2014, provisions of the Affordable Care Act (ACA) allow qualified hospitals to make immediate temporary Medicaid and CHIP eligibility determinations through the Hospital Presumptive Eligibility (HPE) process for individuals who apply at their facility. Qualified hospitals are hospitals which have signed a contract with the Oregon Health Authority.  
*Note: The HPE process does not establish a Date of Request (DOR) nor does it replace the Hospital Hold process.*  
Implementation/Transition Instructions: Hospitals will gather information for a temporary eligibility determination using the OHP 7260 Application for Presumptive (Temporary) Medical Assistance and provide one of the following decision notice:

- Approved individuals receive Approval Notice for Hospital Presumptive (Temporary) Medical Assistance Benefits, OHP 3263A;
- Denied individuals receive Denial Notice for Hospital Presumptive (Temporary) Medical Assistance Benefits, OHP 3263B.

*Note: There are no hearing rights for applicants whose eligibility is determined through the HPE process.*

HPE determinations are submitted to OHP Branch 5503 and are coded in the CM system under 5503 with an HP load code.

*Note: A new “MPR” case descriptor will be added to CM to identify HPE applicants.*

Individuals determined eligible for medical through the HPE process will receive medical coverage for a temporary period. A completed, signed Application for Health Coverage, CO-C-00019/OHA 7210 must be submitted by the end of the month following the month the HPE period began to receive benefits.
The HPE period starts on:
- The date the hospital made the approval decision; or
- The date the individual received a covered medical service if the hospital determines them eligible and submits the decision to OHP Customer Service within five (5) calendar days.

The HPE period ends:
- If the CO-C-00019/OHA 7210 is received before the end of month following the month the HPE period began, eligibility ends effective the date an eligibility decision is made and notice is sent;
- If no CO-C-00019/OHA 7210 was received, or was received after the end of the month following the month the HPE period began, eligibility ends on the last day of the month following the month the HPE period began.

Hospitals will provide a CO-C-00019/OHA 7210 to all HPE applicants:
- Individuals approved for medical through the HPE process will have “Hospital Presumptive” marked at the top of the front page of the CO-C-00019/OHA 7210;
- If DHS/AAA receives a CO-C-00019/OHA 7210 for an individual who has been determined eligible through the HPE process, but it is not marked “Hospital Presumptive,” hand-write “Hospital Presumptive” on the top of the front page of the CO-C-00019/OHA 7210;
- All “Hospital Presumptive” CO-C-00019/OHA 7210s should be sent to OHP Customer Service for processing.

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<tr>
<th>APD-AR-14-014</th>
<th>3/12/14</th>
<th>Monitoring of Older Americans Act Program: Family Caregiver Support &amp; Health Promotion AND Oregon Project Independence - The contract between DHS and AAAs states:</th>
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<tr>
<td></td>
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<td>Program Monitoring. DHS will conduct periodic monitoring and evaluation of performance management system for program activities and administrative practices conducted in accordance with Section 307(a)(4) of the Older Americans Act and OAR411-032-0015.</td>
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<td>a AAA agrees to participate with DHS to develop a performance management framework to include objectives and metrics and shall report progress towards these objectives and metrics</td>
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utilizing agreed upon format and intervals.

b  
DHS agrees to notify AAA in writing of intent to conduct onsite evaluation of reported performance management data and AAA agrees to provide DHS access to its facility(ies) and staff, all related program and fiscal documentation, AAA’s sub recipient reports and any other related documentation to substantiate performance management reporting data.

DHS and AAAs have agreed to approach OAA and OPI program monitoring through a self-assessment framework. AAAs must complete a self-assessment for the Family Caregiver Support Program, Health Promotion, and Oregon Project Independence by May 23, 2014.

The self-assessment must be completed utilizing the instructions and assessment tools found at: [www.oregon.gov/dhs/spwpd/pages/sua/info-aaa.aspx](http://www.oregon.gov/dhs/spwpd/pages/sua/info-aaa.aspx). Follow this link and go to AAA Self-Monitoring to find these documents.

Each AAA will complete one assessment tool for each of the three programs (Family Caregiver Support, Health Promotion, and Oregon Project Independence) and send them electronically to the SUA email at: SUA.Email@dhsoha.state.or.us no later than May 23, 2014.

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**OPAR-IM-14-003**  
3/12/14  

**Urgent: Third Party Insurance processing** - Referrals for “COT” Exemptions are not required HIG is requesting that staff not send requests to remove “COT” (Cover Oregon identified TPL) exemptions. HIG has already received lists from DMAP that identify the clients with the “COT” exemption. HIG is working these lists as quickly as possible. To avoid duplication of work, we ask that staff not send referrals that are related to COT” exemptions, unless there is a medical emergency that requires immediate processing. To verify if a COT exemption has been ended, check the MC Special Conditions Panel in MMIS.

*Please note: For the purposes of TPL processing a medical emergency is when a client has been denied medications or treatment. At this time, HIG cannot expedite processing for non-emergent reasons.*

Cover Oregon application pages cannot be substituted for a 415H: The TPL referral process has not changed*. Staff should only
| **SS-PT-14-007** | **3/13/14** | **Deactivation of the Child Care Reservation List in the Employment Related Day Care (ERDC) Program** – See transmittal for details. |
| **APD-AR-14-015** | **3/14/14** | **Residential Care Facility with Medicaid Contract** - This facility was issued a Medicaid contract and Medicaid provider number for 16 beds effective 3/7/14.  
All Comfort Care, Residential Care Facility:  
9347 SW 35th Ave  
Portland, OR 97219  
Medicaid Provider Number: 525037  
Effective date: 3/7/14 |
| **DMAP-IM-14-010** | **3/14/13** | **New optional Notice of Action (DMAP 2405) and Medical Assistance Programs Service Denial Appeal and Hearing Request (DMAP 3302) forms for CCO/Plan use** - DMAP is offering a new, optional *Notice of Action (DMAP 2405)* and a new *Medical Assistance Programs Service Denial Appeal and Hearing Request (DMAP 3302)* form for CCOs and plans to use when notifying members of a prior authorization denial.  
DHS branch offices may receive completed DMAP 3302 forms from CCO/plan members who want to request an Appeal or Hearing; please fax the DMAP 3302 to DMAP Hearings Unit at 503-945-6035, as you do with the MSC 443. |
Both forms are translated into Spanish, Russian, and Vietnamese, and will be translated into the other languages listed on the language sheet, upon member request.

**DMAP 3302:**
- May be sent to clients by CCOs/plans when they deny a prior authorization request for health services;
- Replaces both the current MSC 443 and DMAP 3030;
- Has information about the member’s option of paying for the service, and newly required language about requesting a military stay of proceedings.
- Is specific to the denial of requested health care treatments and doesn’t contain unnecessary language about eligibility or other assistance programs that are referenced in the MSC 443.
- Can be used for clients to request a CCO/plan appeal, hearing, or both.
- The DMAP 3302 is available on the OHP Forms page and the DHS/OHA Forms Server.

**DMAP 2405:**
- CCOs and plans may use when denying prior authorization requests for services.
- Has been simplified to only include required fields and refer members to the DMAP 3302 for other information.
- Contains a cover sheet, translated into several common languages, explaining the content, and offering the NOA and DMAP 3302 in alternate formats and other languages.

See transmittal for full details.